Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000360836 3)))



H220003608363ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREEN BOX TAX SERVICES INC

Account Number : I20190000123

Phone : (305)928-1137

Fax Number : (786)349-4952

\*\*Enter the email address for this business entity to be used for future annual report mailines. Fnter only one email address please.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION

#### Yanira Natalia Valderrama PA

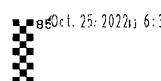
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help





October 24, 2022

### FLORIDA DEPARTMENT OF STATE Division of Corporations

GREEN BOX TAX SERVICES INC

SUBJECT: YANIRA NATALIA VALDERRAMA PA

REF: W22000134538

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana FAX Aud. #: H22000360836 Regulatory Specialist II Letter Number: 622A00023865

رت

# H 22000 360 836 3

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporati	on shall be: YANIRA NATALIA VAL	DERRAMA PA	
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:	
9591 FONTAINEBLEAU BL UNIT 506	VD		_
MIAMI, FL 33172			
ARTICLE III PURPO			
The purpose for which the	e corporation is organized is: Real estat	e agent with the purpose of buying and selling	_
	y for others withing the guideline		
	•		
	·		
			-
		· · · · · · · · · · · · · · · · · · ·	
	·		
		#***;	;
		-	_
ARTICLE IV SHARE	ES	Γ.	
The number of shares of s	stock is: 100		-
			-:
	L OFFICERS AND/OR DIRECTORS		ج. در
Name and Title	Natalia N Valderrama, Presiden	1	
Address	9591 FONTAINEBLEAU BLVD	Address:	
	UNIT 506	·	
	Miami, FL 33175		
	WHACIE, 1 E 35175		,
Name and Title:		Name and Title:	
Address	•	Address:	
Auucss		-	
			-
			<del></del> -
	•		
Name and Title:	, <del></del>	Name and Title:	
Address		Address:	
•			•

# H22000360 834 3

Name and	Title:	Name and Title:	
Address		Address:	<del>,</del>
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	Frie against and agant is:	
<del>*</del>	Yanira N Valderrama	i die regisieren agent is.	
Name:		-	
Address:	9591 FONTAINEBLEAU BLVD Unit	_506	
	Miami FL 33172	_	
ARTICLE VII 1	<u>NCORPORATOR</u>		
The name and add	dress of the Incorporator is:		
Name:	Yanira N Valderrama	_	
Address:	9591 FONTAINEBLEAU BLVD Unit	506	
	Miami FL 33172	_	
ARTICLE VIII	EFFECTIVE DATE:	(ORTIONAL)	 
(If an effective da	ther than the date of filing: te is listed, the date must be specific and cannot	(OPTIONAL) of be more than five days prior or 90 days aff	er the
filing.)	•		<b>-</b> .
	inserted in this block does not meet the applicable fective date on the Department of State's records.		be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of process f miliar with and accept the appointment as register	or the above stated corporation at the place designed and agree to act in this capacity	gnated in this
_/sam	a Valderson	10/20/2022	
7	Required Signature/Registered Agent	Date	
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the false information su	ıb <del>mi</del> tted in a
accument to the D	epartment of State constitutes a third degree felon	y us provid <del>ed</del> for in 5.017.155, F.S.	
your	Volkerroma	10/20/2022	<u> </u>
Required Signatur	c/Incorporator	Date	